

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	75316	8/30/00
O.I.P.E. CLASSIFIER	M W	7	1/0/02
FORMALITY REVIEW	(S)	11010	9/17
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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